

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212539535			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: MOTHERS AGAINST DRUNK DRIVING</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATE CREATIONS NETWORK INC 4445 CORPORATION LN 2ND FL VIRGINIA BEACH, VA 23462</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: VIRGINIA BEACH CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DC</p> </div> <div style="width: 35%;"> <p>DUE DATE: 11/30/2012</p> <p>SCC ID NO: F0504292</p> <p>5.) STOCK INFORMATION <div style="display: flex; border: 1px solid black; margin-top: 5px;"> <div style="border-right: 1px solid black; padding: 2px 10px;">CLASS</div> <div style="padding: 2px 10px;">AUTHORIZED</div> </div> </p></div> </div>					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 511 E JOHN CARPENTER FREEWAY, STE. 700</p> <p style="text-align: center;">CITY/ST/ZIP: IRVING, TX 75062</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JANICE WITHERS TITLE: PRESIDENT ADDRESS: 511 E JOHN CARPENTER FRWY SUITE 700 CITY/ST/ZIP/CO: IRVING, TX 75062 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JANICE WITHERS TITLE: PRESIDENT ADDRESS: 511 E JOHN CARPENTER FRWY SUITE 700 CITY/ST/ZIP/CO: IRVING, TX 75062	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: BRIAN URSINO TITLE: TREASURER ADDRESS: 511 E. JOHN CARPENTER FRWY., #700 CITY/ST/ZIP/CO: IRVING, TX 75062 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: BRIAN URSINO TITLE: TREASURER ADDRESS: 511 E. JOHN CARPENTER FRWY., #700 CITY/ST/ZIP/CO: IRVING, TX 75062	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: BRIAN URSINO TITLE: TREASURER ADDRESS: 511 E. JOHN CARPENTER FRWY., #700 CITY/ST/ZIP/CO: IRVING, TX 75062	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: NICK ELLINGER TITLE: ASST SECRETARY ADDRESS: 511 E. JOHN CARPENTER FRWY., #700 CITY/ST/ZIP/CO: IRVING, TX 75062 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: NICK ELLINGER TITLE: ASST SECRETARY ADDRESS: 511 E. JOHN CARPENTER FRWY., #700 CITY/ST/ZIP/CO: IRVING, TX 75062	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: NICK ELLINGER TITLE: ASST SECRETARY ADDRESS: 511 E. JOHN CARPENTER FRWY., #700 CITY/ST/ZIP/CO: IRVING, TX 75062	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: LISTA HIGHTOWER TITLE: CFO ADDRESS: 511 E JOHN CARPENTER FRWY #700 CITY/ST/ZIP/CO: IRVING, TX 75062 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: LISTA HIGHTOWER TITLE: CFO ADDRESS: 511 E JOHN CARPENTER FRWY #700 CITY/ST/ZIP/CO: IRVING, TX 75062	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: LISTA HIGHTOWER TITLE: CFO ADDRESS: 511 E JOHN CARPENTER FRWY #700 CITY/ST/ZIP/CO: IRVING, TX 75062	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: VICKI KNOX TITLE: ASST SECRETARY ADDRESS: 511 E. JOHN CARPENTER FRWY., #700 CITY/ST/ZIP/CO: IRVING, TX 75062 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: VICKI KNOX TITLE: ASST SECRETARY ADDRESS: 511 E. JOHN CARPENTER FRWY., #700 CITY/ST/ZIP/CO: IRVING, TX 75062	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: VICKI KNOX TITLE: ASST SECRETARY ADDRESS: 511 E. JOHN CARPENTER FRWY., #700 CITY/ST/ZIP/CO: IRVING, TX 75062	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			

NAME:	ROBERT STRASSBURGER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CHAIR		
ADDRESS:	511 E. JOHN CARPENTER FRWY., #700		
CITY/ST/ZIP/CO:	IRVING, TX 75062		
NAME:	DEBBIE WEIR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	511 E. JOHN CARPENTER FRWY., #700		
CITY/ST/ZIP/CO:	IRVING, TX 75062		
NAME:	STEVE BENVENISTI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	511 E. JOHN CARPENTER FRWY., #700		
CITY/ST/ZIP/CO:	IRVING, TX 75062		
NAME:	BARBARA BRODT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	511 E. JOHN CARPENTER FRWY., #700		
CITY/ST/ZIP/CO:	IRVING, TX 75062		
NAME:	BRAD BULLA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	511 E. JOHN CARPENTER FRWY., #700		
CITY/ST/ZIP/CO:	IRVING, TX 75062		
NAME:	SALLY GANEM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	511 E. JOHN CARPENTER FRWY., #700		
CITY/ST/ZIP/CO:	IRVING, TX 75062		
NAME:	MARY FRANCES KLOTZBACH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	511 E. JOHN CARPENTER FRWY., #700		
CITY/ST/ZIP/CO:	IRVING, TX 75062		
NAME:	FRANK G. MARGOURILOS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	511 E. JOHN CARPENTER FRWY., #700		
CITY/ST/ZIP/CO:	IRVING, TX 75062		
NAME:	NICOLE NASON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	511 E. JOHN CARPENTER FRWY., #700		
CITY/ST/ZIP/CO:	IRVING, TX 75062		
NAME:	KATHRYN NELSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	511 E. JOHN CARPENTER FRWY., #700		
CITY/ST/ZIP/CO:	IRVING, TX 75062		
NAME:	COURTNEY POPP	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	511 E. JOHN CARPENTER FRWY., #700		
CITY/ST/ZIP/CO:	IRVING, TX 75062		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL ROMERO DIRECTOR 511 E. JOHN CARPENTER FRWY., #700 IRVING, TX 75062	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	COLLEEN SHEEHEY DIRECTOR 511 E. JOHN CARPENTER FRWY., #700 IRVING, TX 75062	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MAHESH SHETTY DIRECTOR 511 E. JOHN CARPENTER FRWY., #700 IRVING, TX 75062	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRYCE TEMPLETON DIRECTOR 511 E. JOHN CARPENTER FRWY., #700 IRVING, TX 75062	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN URSINO DIRECTOR 511 E. JOHN CARPENTER FRWY., #700 IRVING, TX 75062	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MONICA VANDEHEI DIRECTOR 511 E. JOHN CARPENTER FRWY., #700 IRVING, TX 75062	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NINA WALKER DIRECTOR 511 E JOHN CARPENTER FRWY SUITE 700 IRVING, TX 75062	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM WINDSOR, JR. DIRECTOR 511 E. JOHN CARPENTER FRWY., #700 IRVING, TX 75062	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ LISTA HIGHTOWER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LISTA HIGHTOWER, CFO PRINTED NAME AND CORPORATE TITLE	10/15/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			